



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

John Patrick for Trustee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 758-6539

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

25615 LAKWATER RD.

5. City, State, ZIP Code

Sheridan, IN. 46069

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

John R. Patrick

8. Party Affiliation or If Independent Candidate

Republican

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

Adams Twp Trustee

10. County of Residence

HAMILTON

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other

☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention

☐ Post-Convention

12. Reporting Period:

From: 4-10-10 Through: 10-8-10

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0

14. Cash on hand and investments January 1, current year.

0

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

\$1,400.00

\$1,400.00

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

\$1,400.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

\$1,400.00

\$1,400.00

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

719.71

719.71

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

719.71

719.71

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

680.29

680.29

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I, the undersigned, certify that the foregoing is true and correct to the best of my knowledge and belief it is true, correct and complete.

Title

Chairman-Candidate

Date

10-13-10

Date

10-13-10

be copied for sale or used for any commercial purpose (IC 3-9-4-5) A person who knowingly
4-1-13) A person who fails to file a complete or accurate report as required by the Indiana
3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

15:11W 81 00 0102

010 13



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200 if regular party committee). All cumulative receipts (such as loan proceeds and repayments, refunds, rebates, returns of deposit proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. John PATRICK 25615 JERKWATER Rd. SHERIDAN, IN 46069 Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe): _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify): _____	\$500.00	\$500.00	4-13-10 John PATRICK
2. John PATRICK 25615 JERKWATER Rd. SHERIDAN, IN 46069 Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe): _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify): _____	\$500.00	\$1,000.00	6-17-10 John PATRICK
3. John PATRICK 25615 JERKWATER Rd. SHERIDAN, IN 46069 Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe): _____ Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify): _____	\$400.00	\$1,400.00	9-13-10 John PATRICK
4. _____ Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe): _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify): _____			
5. _____ Contributor's Occupation (if required): _____	Contributions <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe): _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify): _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$1,400.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$1,400.00		



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-5-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page _____ of _____

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> B+D Graphics 3810 ST. RT. 47 SHERIDAN IN 46069	Trustee	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Advertising Purpose: CAR MAGNETS	\$70.00	\$70.00	4-28-10
Code <u>A</u> B+D Graphics 3810 ST. RT. 47 SHERIDAN, IN 46069		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Advertising Purpose: SHIRT LETTERING	\$230.00	\$300.00	6-16-10
Code <u>A</u> Buywholesale T-SHIRTS 80 ORVILLE DR Bohemia, NY 11716		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Advertising Purpose: T-SHIRTS	\$120.71	\$420.71	5-25-10
Code <u>A</u> MARDI GRAS Supplies 2001 E PASS RD. GULFPORT, MS 39567		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Advertising Purpose: Fourth of July Beads	\$133.20	\$553.91	6-2-10
Code <u>A</u> MARDI GRAS Supplies 2001 - E. PASS RD. GULFPORT MS. 39567		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Advertising Purpose: HARVEST moon Beads	\$80.80	\$634.71	9-16-10
Code <u>D</u> Town of Sheridan MAIN ST. SHERIDAN IN 46069		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Operation Purpose: Bath soap HARVEST moon	\$60.00	\$694.71	9-10-10
Code <u>D</u> FIRST FARMERS BANK ST RT 47 SHERIDAN, IN 46069		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Operations Purpose: Service Charger	\$25.00	\$719.71	10-1-10
SUBTOTAL THIS PAGE OF SCHEDULE B			\$719.71		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$719.71		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4600 (R-3)*-83)
Indiana Election Commission (IC 3-5-5-14)

(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

INSTRUCTIONS. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans regardless of the amount owed to the committee during the reporting period. Include pl. amounts the committee has loaned to others.

Page _____ of _____

[illegible]